



# THE EXAMINER



Robert E. Bush Naval Hospital, Twentynine Palms, California

Volume 10, No. 12

*"Serving with Pride and Professionalism"*

December 2002

## ER In Action During State-Wide Disaster Drill



The Marine Corps Air Ground Combat Center conducted a Combat Center-wide disaster preparedness exercise last month. The purpose of the exercise was to promote and maintain awareness of disaster preparedness and force protection issues, and to exercise organizational and individual skills required for crisis response and management. The exercise was held concurrently with California's 2002 Statewide Disaster Exercise conducted by California's Emergency Medical Authority and with other local exercises throughout the area. The scenario of the exercise was to test the communications, response and cooperative capabilities of civilian and military first responders.

## Family Centered Care – A New Beginning

On October 28 the Robert E. Bush Naval Hospital was honored to host a symposium on Family-Centered Maternity Care. The guest speaker was the renowned author Dr. Celeste Phillips, RN, Ed.D who is known throughout the Western Hemisphere as the "guru" on Family-Centered Maternity Care.

Family-Centered care differs from the traditional model of care provided to our patients in the hospital setting. It attempts to accommodate not only the mother and infant, but also all of the "significant others" or family members.

In 1986 International Childbirth Education Association adopted

the McMaster University definition of Family Centered Maternity Care (FCMC)\*:

**"Philosophy:** The birth of a baby represents, as well, the birth of a family. The woman giving birth and the persons significant and close to her are forming a new relationship, with new responsibilities to each other, to the baby, and to society as a whole. Family-centered reproductive care may be defined as care which recognizes the importance of these new relationships and responsibilities, and which has as its goal the best possible health outcome for all

*Please see A NEW BEGINNING on page 7*

## Highlights...

If you are planning to buy a computer for yourself or your kids over the upcoming holidays, here is some advice regarding cyber-safety. Cyber-violence is becoming a major problem in the U.S. *See page 2*

Are you confused about TRICARE For Life (TFL) and whether you need to update your Uniformed Services Identification (ID) Card to use the program? *See page 3*

As the holidays approach, take the time to look for and eliminate potential dangers from holiday lights and decorations that could lead to fires or injuries. *See page 5*

A study to decrease the required number of anthrax shots and its accompanied side effects is being conducted at the Walter Reed Army Institute of Research in Maryland. *See page 5*

The Examiner can now be viewed online at: [www.nhtp.med.navy.mil](http://www.nhtp.med.navy.mil)

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*Here's to your health...*

# Cyber-Safety, for you and for your kids

By Martha Hunt, M.A. Health Promotions Coordinator  
Robert E. Bush Naval Hospital

If you are planning to buy a computer for yourself or your kids over the upcoming holidays, here is some advice regarding cyber-safety. Cyber-violence is becoming a major problem in the U.S.

The target of most cyber-violence is women and children and takes the form of stalking, mental and emotional abuse, and in extreme cases kidnap, sexual assault and murder.

The case in Kansas City of a man meeting women online, luring them to his home, sexually assaulting two, murdering at least eleven more, and selling an infant into illegal adoption is not an isolated incident. It is simply an example of what can happen when you do not follow common sense safety guidelines and allow strangers into your home by way of the cyber-world. The first trial related to this case took over 2 1/2 years to complete and resulted in a death penalty verdict. It is now under appeal.

With more kids online while the parents are at work, it is a good time to consider issues of cyber-safety. Cyber-violence, like any violence, is really an issue of power. Cyber-stalkers are empowered by the anonymity of the Internet. Since you cannot see them, hear their voice or (usually) trace them, they feel free to say or do as they wish to the inexperienced Internet user.

Cyber-violence is real. What makes it real is that it occurs in one's mind just like any verbal abuse. The victims of cyber-violence are just as hurt by the assault as they would be if the assailant were physically in their home with them. Outcomes of cyber-violence mirror the emotional and physical aspects of post-traumatic syndrome including sleeplessness, depression, agitation, fear, etc. and when cyber-violence crosses the line to real life violence, the results can be deadly. It is very easy to simply say to the victim, either child or adult, "simply disconnect the computer when you feel threatened". However, this then places the blame on the victim and denies the fact that many predators, real and cyber, can be very smooth in their approach to the victim. The women who were sexually assaulted or murdered in Kansas City, thought they had made a friend online and that they were going to engage in a consensual experience. That was far from the case. Likewise, the predators who assault children online usually go to great lengths to become friends with the child first.

Guidelines for defending yourself and your children involve protecting your privacy as best as you can and maintaining open lines of communication with your children as to their online activities. Learning proper 'netiquette' (online etiquette) will help you to integrate into the social structure of the Internet. If you stand out as being a 'newbie', you open yourself as a target to potential abusers. Do not respond to 'flames' or other verbal assaults. Like any form of verbal assault, responding to an irrational verbal abuser only serves to keep the line of communication open with the assailant. By leaving the chat room or placing the verbally abusive individual 'on ignore', then you stop the verbal abuse and they will lose interest in you.

Always make sure when using any chat related software that your privacy options are enabled as well as logging options. Examples of chat related software are mIRC, ICQ, PIRCH, JAVA, or AOL. By ensuring your privacy options are enabled, a potential abuser cannot track you or identify any personal information about you. Never use your real name or any personal information about yourself when you

set up your chat software. This can sometimes be accessed very easily by anyone in the same set of chat rooms as you, and can leave you open to invasion of privacy.

Never give anyone any personal information about yourself. This includes photographs, phone numbers, addresses, hometowns, or anything that can identify you. Even the smallest bit of personal information can be used to track who you are in real life. By ensuring that your logging option is effective, you keep a written record of every conversation you or your child engages in, both in public chat rooms and in private chats. These logs can also be enabled to record time and date stamps and any available identifying information of the chat participants. If you are ever cyber-stalked or abused in any way while online, the logs are written proof that the conversation that took place and who the participants were.

If your kids are using the home computer, place it in a common area of the home. This will enable the child to call for help if they feel threatened and will also allow you as the parent to monitor their activities more easily. If you prefer that your children do not use the chat software on your computer at all, it can be password protected in the software security options. Then only you as the parent knows the password and has access to the chat software.

If for some reason you do decide to meet someone in real life that you have developed a relationship with online, never meet them at your home or theirs. Always choose a safe, public place to meet and always have a 'safe call'. That means that a friend knows exactly where you are and with whom, that you have the phone number of the person you are meeting, and you have pre-arranged to call that friend at a specific time and let them know you are safe. This way, if you fail to make the 'safe call', your friend can notify authorities. If the person you are meeting refuses to give you their home phone number, refuse to meet them. Children should never meet anyone in real life that they have met online without being accompanied by their parents and using the same safe call system.

If you feel you are a victim of cyber-violence you do have options. Some forms of cyber-violence such as hacking or damaging another's machine are federal offenses and are reportable to the FBI. Also, report the incidents to your Internet Service Provider (ISP). This

is when you will need to access the logs you have recorded when you enabled the logging option in the chat software. Sometimes you need to be persistent when reporting to the FBI or to your ISP. They receive so many complaints that they become overloaded with them and may not readily respond to your complaint. If it is proven that a specific individual has committed a crime, then they will be banned forever from service with that ISP. If the cyber-stalker somehow gets your phone number or address and threatens you in real life, report it to your local police. Many states, including California, have begun to enact cyber-violence laws and all 50 states have enacted stalking laws.

Basically, it comes down to simple common sense. If you don't know whom your child is talking to online, then end the conversation immediately. You may trust your child, but you can't trust that the stranger online is really Billy age 12 who lives in Idaho.

The Internet can afford incredible growing experiences. Not all people online are evil stalkers or pedophiles. You can meet and talk to people from all walks of life and from all corners of the globe. However, you must also use an extreme degree of caution when dealing with anyone online to ensure your own safety as well as that of your children.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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## Is TRICARE For Life Confusing?

**A**re you confused about TRICARE For Life (TFL) and whether you need to update your Uniformed Services Identification (ID) Card to use the program? Do you want to know the difference between updating your Defense Enrollment Eligibility Reporting System (DEERS) record and obtaining a new ID card? Do you want to know why the back of your ID card reads "Civilian No" and your friend or family member's reads "Civilian Yes?" If your answer to any of these questions is yes, then you should find the following information helpful.

*If you are a sponsor, age 65 or over, eligible for Medicare Parts A and B, and have purchased Part B* you do not need to update your current ID card to receive health care under TFL — even if the medical eligibility status printed on the back of your ID card indicates "Civilian No." Medicare Part B is required for TFL eligibility. If you have used TFL and have received a TRICARE explanation of benefits statement that TFL has paid your claims, you do not need to notify DEERS that you have Medicare Part B. Your Medicare Part B information has been picked up in a data match with Medicare. You do not need to update anything in DEERS other than changes in your residence, mailing address or family member status.

If you haven't used TFL yet or don't think that your Medicare Part B information is being picked up during TFL claims processing, you may call your regional managed care support contractor or visit your nearest military personnel office that has an ID-card facility and have them register your Medicare Part B enrollment status in DEERS. If you visit an ID-card facility, you should bring your Medicare card with you. You may go online to locate the nearest personnel office or ID-card facility at [www.dmdc.osd.mil/rsl](http://www.dmdc.osd.mil/rsl), or call 1-888-DOD-LIFE (1-888-363-5433) for these locations and other information about TFL. You do not need to obtain a new ID card when you add your enrollment in Medicare Part B because you are only updating your record.

*If you are a family member, survivor, or TRICARE-eligible former spouse age 65 or over, eligible for Medicare Parts A and B, and have purchased Part B* you need to look at your ID card and see if it has expired. If you have an expired ID card, you should visit or contact the nearest military personnel office that has an ID-card facility to have a new ID card issued.

You may go online to locate the nearest personnel office or ID-card facility at [www.dmdc.osd.mil/rsl](http://www.dmdc.osd.mil/rsl), or call 1-888-DOD-LIFE (1-888-363-5433) for these locations and other information about TFL. If you are not able to travel, contact your nearest ID-card facility for instructions on renewing your ID card by mail. To renew your ID card, you must have a pre-verified application form titled "Application for Uniformed Services Identification Card — DEERS Enrollment, DD Form 1172." If your sponsor is alive, your sponsor must sign the form in front of a notary public or other authorized verifying officer. If you are a survivor, you should contact your local ID-card office to inquire about the required documents to obtain an ID card.

ID cards are current for four years, unless you turn 65 during the four-year period. Turning 65 is another reason your ID card's medical eligibility status will expire.

If you are age 65 or over and have recently updated your ID card, your medical eligibility status printed on the back of your ID card might show as "Civilian Yes." This means you are eligible for TFL.

If you have had no reason to update your ID card (it hasn't expired and you haven't recently turned 65, that is, you turned 65 a couple of years ago), your medical eligibility status printed on the back of your ID card might show as "Civilian No." You are not required to update your current ID card to receive health care under TFL. The next time you update your ID card, the medical eligibility status will be changed.

To update Medicare Parts A and B eligibility and purchase of Part B in your DEERS record, the process is the same for sponsors, family members, and survivors of eligible former sponsors, as long as their Social Security number (in addition to the sponsor's) is recorded in DEERS. If you have used TFL and have received a TRICARE explanation of benefits, it is not necessary for you to update DEERS. Your Medicare Part B information has been picked up in a data match with Medicare. You do not need to update anything in DEERS other than changes in your residence or mailing address.

To verify your eligibility in DEERS, you may call the Defense Manpower Data Center Support Office toll free at 1-800-538-9552, or TTY/TDD: 1-800-363-2883 for speech or hearing impaired. If you require additional information on enrolling in Medicare Part B, contact the Social Security Administration toll free at 1-800-772-1213, or TTY/TDD: 1-800-325-0778 for speech or hearing impaired. Additional information on Medicare is available at [www.medicare.gov](http://www.medicare.gov) and up-to-date information on TFL is available on the TRICARE Web site at [www.tricare.osd.mil/tfl](http://www.tricare.osd.mil/tfl).

## HIPAA, TRICARE, And Your Rights To Privacy

**A**s a beneficiary of the Department of Defense Military Health System (MHS) and TRICARE, one of the basic rights that you have, aside from the right to receive quality health care, is the right to keep your health care information private.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 established health care standards or "privacy rules" that all U. S. military and civilian health care providers, hospitals and organizations are required to follow to protect the privacy of health care information from unauthorized disclosure or use. TRICARE will implement the new privacy rules on April 14, 2003.

Under HIPAA privacy rules, the Robert E. Bush Naval Hospital is required to inform you about how your personal health care information is used, provide guidance on your privacy rights, and limit use and disclosure of your personal health care information to the minimum required. To increase beneficiary awareness regarding these new privacy rules, beginning last month, a copy of the MHS Notice of Privacy Practices was sent to each TRICARE sponsor listed as eligible in the Defense Enrollment Eligibility Reporting System. Beneficiaries will be asked to acknowledge receipt of this privacy notice during their first scheduled appointment after April 14th in one of the clinics here.

"The Military Healthcare System has always had privacy and patient confidentiality standards in place to limit unauthorized access or disclosure of personal health care information," said Navy Cmdr. Sam Jenkins, HIPAA Privacy Project Officer, TRICARE Management Activity.

"These new privacy rules provide TRICARE beneficiaries with additional safeguards for ensuring their health care information is adequately protected and appropriately used by the MHS and TRICARE to provide quality patient care," Jenkins said. Permissible uses of health care information include treatment, payment for services provided and operations such as patient billing or appointment scheduling.

Under the privacy rules, you have the right to receive a notice of MHS privacy practices from the hospital; access, review and receive a copy of your personal medical record or health care information on file at the hospital; request a change or correct an error in your medical record; know how, when and to whom your medical information is disclosed; file a grievance with the appropriate clinic Customer Relations representative regarding a privacy concern; and finally, provide written instructions on your personal preferences regarding use and disclosure of your personal health information.

Your personal health care information may be disclosed to other health care providers such as specialists, pharmacists, or laboratory technicians who, at the request of your doctor, may need access to your private health care information to provide you with optimal

Please see **RIGHTS TO PRIVACY** on page 7

## Life's Lessons...

Good judgement comes from experience, and a lot of that comes from bad judgment.

--Will Rogers

### **BREASTFEEDING SUPPORT GROUP**

Sponsored by: Maternal Infant Ward & Breast Center

WHAT BETTER WAY TO FIND OUT ABOUT:

- \*Latching On
- \*Meeting other new mothers
- \*Sore Nipples
- \* Breast Engorgement
- \* Milk Collection & Storage
- \*Sexuality
- \*Back to Work

LOCATION, DATE & TIME:

Naval Hospital Twentynine Palms

Classroom 3 (behind Family Practice Clinic)

Every Monday 10 a.m. -noon

Breast Education Center 830-2501



# Hospital Hard Chargers...



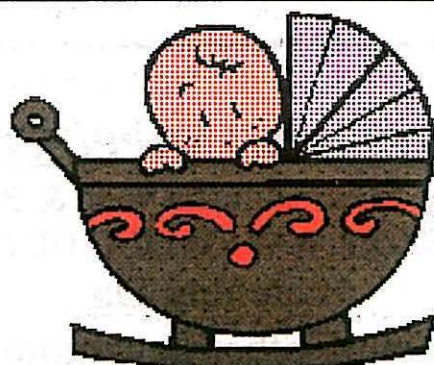
The Robert E. Bush Command Master Chief HMCN SS/SW/FMF Stephen Mitchell, far right, presents the command's newest group of frockees: (not in order) New Third Class Petty Officers Daniel Bernard; Jasmin Campos; Carlos Cuvevas; Linsey Elliott; Jennifer Garllardo; Martin Graves; Eric Ramakers; Taisha Willis; Rebecca Brasseaux; Philip Keehn; Bradley Schneider; and Augustine Torrez. New Second Class Petty Officers are: Rebecca Pacheco; Jon Turk; and Ethan McElroy. New First Class Petty Officers are Kenneth Florence; Timothy Hicks; and Alejandro Velasco. Congratulations to all.



Lt. Kanti Ford of the Family Practice Clinic receives her Honorary Desert Rat Certificate from Captain Lynda A. Salmond, Commanding Officer, Robert E. Bush Naval Hospital.



RP2 Brandon Grigsby receives a Letter of Appreciation from Captain Alan R. Rowley, Executive Officer, Robert E. Bush Naval Hospital.



## JOURNEY INTO MOTHERHOOD

Feeling Overwhelmed, Scared, Alone, Sad, Frazzled?

Or just want to meet other new moms?

You're not the only one!

Come join us to talk, share, and meet others.

**Support Group for Expectant and New Moms**

Finding Solutions through Education and Support

Where: Conference Room - Mental Health Clinic

Date: Every Thursday afternoon - **STARTING DECEMBER 5TH**

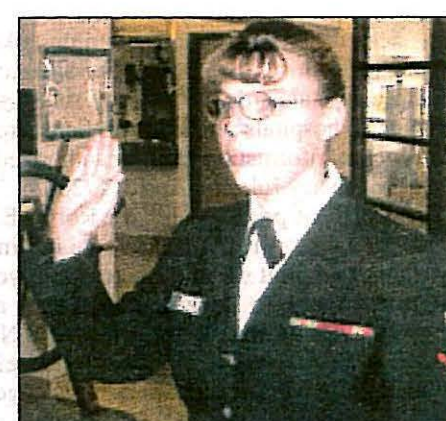
Time: 12:30 to 2 p.m.

Group leaders: Beverly Dexter, PhD 830-2935

Janet Hamilton, MSW 830-2584



HM3 Shakirah Wilson of the Family Practice Clinic takes her oath of reenlistment.



HM3 Janette Holmes of the Radiology Department takes the oath of reenlistment.



Lt. Cmdr. Trisha Farrell, right, of the OB Clinic receives her Honorable Desert Rat from Lt. Cmdr. Michelle Koellmeier, left.



HM1 Dilene White of the Pharmacy Department receives her Honorary Desert Rat Certificate from Capt. Alan R. Rowley



# Tips For Keeping The Holiday Season Safe

By Lt. Bryant Blythe, Physician Assistant,  
Military Sick Call Department  
Robert E. Bush Naval Hospital

**A**s the holidays approach, take the time to look for and eliminate potential dangers from holiday lights and decorations that could lead to fires or injuries.

Each year hospital emergency rooms treat about 8,700 people for injuries from falls, cuts, and shocks, related to holiday lights, decorations and Christmas trees.

The U.S. Consumer Product Safety Commission (CPSC) reported that Christmas trees are involved in about 400 fires annually, resulting in 20 deaths, 70 injuries and an average of more than \$15 million in property loss and damage.

Highway travel is another important safety concern. Each year in the United States, motor vehicle crashes result in 40,000 deaths and 3.2 million non-fatal injuries. In 2000 during the Thanksgiving holiday, motor vehicle crashes killed 500 people according to U.S. Department of Transportation, National Highway Traffic Safety Administration data.

The following are tips for making your holiday a safe one.

## Trees

When purchasing an artificial tree, look for a "Fire Resistant" label. This indicates that the tree will resist burning and should extinguish quickly. When purchasing a live tree, check for freshness. Fresh trees are very green with needles that are hard to pull from branches and do not break when bent between fingers. When the tree is tapped on the

ground it should not lose many needles. When setting up a tree at home, place it away from fireplaces and radiators. Heated rooms dry out trees rapidly so keep the stand filled with water.

## Lights and Candles

Decorate your tree using only UL (Underwriters' Lab Inc.) approved lights and cords. Inspect lights for exposed or frayed wires, loose connections or broken sockets. Do not overload extension cords. Use no more than three strings of lights on one extension cord, and never run an electrical cord under a carpet. Be sure to secure electrical cords so that children cannot pull on them and topple the tree. Turn off tree lights when you go to bed or depart the home. Keep burning candles out of children's reach; keep matches and lighters out of sight and locked away. Do not leave candles unattended. Do not place candles near draperies or anything that might easily catch fire. If you build a fire, use a fireplace screen and do not leave young children alone in the room. Put out fires and candles when you go to sleep.

## Holiday Travel

Wear safety belts at all times. Safety belt use is the single most effective means of reducing fatal and non-fatal injuries in motor vehicle crashes. Although safety belts reduce the risk of death by 45 to 50 percent, three out of 10 U.S. adults do not routinely use them. Place children in age appropriate restraints. Infants should be placed in rear facing child safety seats until they are age 1 year or 20-22 pounds. Place all children under the age of 12 in the back seat this eliminates the injury risk from deployed passenger-side air bags and places the child in the safest part of the vehicle in a crash. Never drink and drive. More than 16,000 (73 percent) of traffic deaths each year are associated alcohol use.

## New Technology...

# The Radiology Department Now Capable to Perform Stereotactic Breast Biopsy

**T**he Radiology Department of the Robert E. Bush Naval Hospital is pleased to announce the addition of a new piece of equipment that will improve the quality of care for patients who are in need of a breast biopsy.

When a breast biopsy is recommended for an abnormal mammography finding, patients can now opt for a minimally invasive alternative to surgery known as "stereotactic breast biopsy." This is a tissue sampling technique that does not require surgery and can be done on an outpatient basis.

Additional benefits are:

- Minimal scarring
- Reduced post procedural discomfort
- Potentially lower cost to the hospital
- Immediate return to work
- Shorter recovery time
- Immediate resumption of daily activities
- This procedure only takes approximately 45 minutes to perform.

## Breast, Ovarian Cancer Risk Lecture

A Video Teleconference has been arranged in classroom 3 on Dec. 18, for patients and staff

interested in knowing more about personal risk for developing breast and ovarian cancer. Dr. Kaime, Medical Director of the Breast Health Center at Naval Medical Center San Diego, offers the Personal Risk and Genetic Testing lectures.

The segment on Personal Risk will take place at 2 p.m. with information on Genetic Testing to follow at 3:30.

Patients meeting the criteria for Genetic Testing can be referred to Dr. Kaime for individual counseling after attending the lectures.

Medical professionals will receive 1 hour in CME.

To register, call 830-2501.



# Study Could Reduce Anthrax Shots, Decrease Side Effects

By Karen Fleming-Michael, Special to the American Forces Press Service

FORT DETRICK, Md. - A study to decrease the required number of anthrax shots and its accompanied side effects is being conducted at the Walter Reed Army Institute of Research in Maryland.

"We want to use our stores of vaccine wisely and we want to immunize people effectively and minimize side effects," said Army Col. Janine Babcock, principal investigator for the study. The study's goals are twofold.

The first is proving the anthrax vaccine, manufactured by BioPort Corp in Lansing, Mich., is still effective when subjects are given fewer doses than the normal regimen of six shots delivered at one, two and four weeks and then at six, 12 and 18 months, with annual boosters.

"The (current vaccination) schedule is extremely cumbersome," Babcock said. "It is expensive to implement, and it is very difficult to support from a vaccine production and logistical point of view."

Decreasing the number of doses will also increase patient acceptance, she said. "If you have your choice between six shots and three, we'd all pick three."

The second goal is to change the way the shots are given, which should reduce the side effects of redness, tenderness, swelling and discomfort sometimes associated with the vaccine. Currently, the shot is given subcutaneously, which means the needle is inserted just between the skin and muscle.

"When you give vaccines (like the anthrax vaccine) subcutaneously, they work very well stimulating the immune system in a very powerful way, but they can cause more local side effects," Babcock said.

Serious reactions are rare; however, of the 2,120,594 doses given to 528,015 service members, 11 people have severe enough reactions to be hospitalized.

By the mid-1970s, most vaccines were given by intramuscular injections because they produce fewer side effects and they are easier to administer. The anthrax vaccine, which was developed in the 1950s and 1960s and licensed in 1970, remained a subcutaneous injection because only a few hundred people, mostly veterinarians, received it each year, and no one approached the Food and Drug Administration about changing it.

"When we now vaccinate hundreds of thousands of people, we want to use it as well as we can," said Col. Alan Magill, deputy division director for Communicable Diseases and Immunology and also a study associate investigator.

The study hopes to show that intramuscular shots are the best way to deliver the vaccine,

which will make it more tolerable for service members who must receive it.

The clinical study is based on preliminary results Dr. Phil Pittman found in a study conducted at the U.S. Army Medical Research Institute of Infectious Diseases at Fort Detrick, Md., from 1996 to 1998.

"In his study (of 173 subjects), the people who got the fewer doses intramuscularly had levels of antibodies that were not inferior (to the subcutaneous injections) and the reactions were much fewer," Babcock said.

The study, funded by Congress, has three parts: Part A is a human study, Part B is a primate study and Part C is a basic science study.

WRAIR is participating in Part A, which involves testing the change from subcutaneous to intramuscular injection and decreasing the number of doses. Part B will test the changed regimens against an aerosol challenge in primates to show whether they are protected from getting anthrax.

Part C will go a long way in helping develop new generations of the anthrax vaccine. Researchers will examine blood samples from people and primates taken at the same time, such as before a dose and after a dose, to find the key things in the immune system that predict protection.

"We want to find out what the best marker of protection is. Once we've found that, researchers can use that to help develop the next generation of vaccines and validate them," Babcock said. The study will last for 43 months. Of the five centers in the United States hosting the trials - Baylor College of Medicine in

Houston, Texas; Emory University in Atlanta; University of Alabama at Birmingham; and the Mayo Clinic in Minnesota - WRAIR is the only military site.

Three hundred of the study's 1,560 subjects will participate at WRAIR. None will be active-duty military because service members need to receive the shots under the current FDA license.

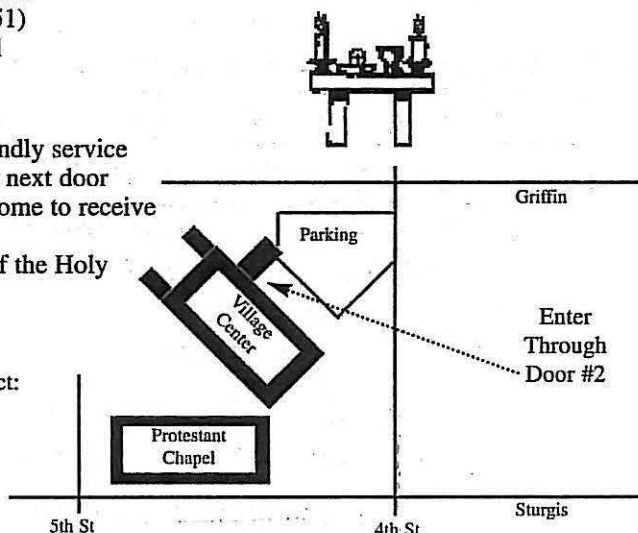
"We believe that optimal use of the anthrax vaccine is important for the daily lives of our soldiers, and we wanted to be part of that solution, not five years down the road reading a report on it," Babcock said.

## 1030 Service of Holy Communion

Every Sunday at 10:30 a.m.  
Village Center (Bldg 1551)  
In the Meditation Chapel  
(Enter door #2 then follow signs)

- \* A 50-minute child friendly service
- \* Nursery Care available next door
- \* All Christians are welcome to receive communion
- \* A weekly celebration of the Holy Eucharist

For more information contact:  
Chaplain Spaulding  
Command Chaplain  
Robert E. Bush Naval  
Hospital  
830-2429



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# Patient Safety... The Year In Review

By Lt. Daniel Anthony, Nurse Corps  
Robert E. Bush Naval Hospital

As the holiday season approaches and we close out the year's old business, we would like to take this opportunity to look back at the progress we have made over the last few months and to summarize our efforts and achievements in the area of patient safety. Just this summer, Naval Hospital Twentynine Palms announced the formation of the Patient Safety Improvement Program (PSIP) and tasked the team with developing a proactive platform wherein all patient safety issues would be brought to a central committee, analyzed, and corrected as needed.

The PSIP then turned its attention to the medication round-up. As you recall, our first strategy to prevent medication errors was to produce a quick-reference card listing all the medicines currently used by the patient that would be brought with the patient to each medical appointment and updated at that time. As promised, the wallet-sized medication cards have arrived and we will begin implementing the streamlining of patient medications starting first with our beneficiaries who frequent the Family Practice clinic.

Project "Speak Up" was the next initiative (originally piloted by the Joint Commission on Accreditation of Healthcare Organizations) adopted by the PSIP that challenges each beneficiary to become a more knowledgeable and vocal member of their healthcare team—asking more questions and participating in the decision-making process. This is an on-going project and we are seeing positive results from this initiative.

This month, the PSIP is proud to announce the hospital has hired a full-time civilian employee to oversee all patient safety issues within the command. Jeanette von Gunten, MPH, has been making the rounds throughout the hospital over the last few weeks as our first-ever Patient Safety Specialist meeting with staff and patients as she develops the best possible patient safety program in the Navy. Welcome aboard! Ms von Gunten.

Yes, 2002 was a great year for the Patient Safety Program. We can take pride in our accomplishments as we enter this holiday season, and with the help of the staff and every member of our military family, we will set the standard for others to follow in the new year to come.



## REGISTERED NURSES

Naval Hospital Twentynine Palms currently has a full time position available for an Organizational Performance Coordinator. This individual will serve as the principle consultant to the Board of Directors on the development, implementation and management of Performance Improvement activities throughout the hospital. Will be the key point of contact for JCAHO requirements and associated directives. This is a civil service position that offers great benefits and a 40-hour workweek day schedule.

Qualifications: RN license and working knowledge of process improvement and JCAHO standards. Must have excellent communication skills, and the ability to collaborate with all levels of staff.

Submit resume to [e.bower@nhttp.med.navy.mil](mailto:e.bower@nhttp.med.navy.mil) or call 830-2192 for additional information.

## A NEW BEGINNING...

Continued from page 1

members of the family, both as individuals and as a group.

Family-centered care consists of an attitude rather than a protocol. It recognizes a vital life event rather than a medical procedure. It appreciates the importance of that event to the woman and to the persons who are important to her. It respects the woman's individuality and her sense of autonomy. It realizes that the decisions she may make are based on many influences of which the expertise of the professional is only one. It requires that all relevant information be made available to the woman to help her achieve her own goals, and that she be guided but not directed by professionals she has chosen to share the responsibility for her care."

Naval Hospital Twentynine Palms' goal is to support this type of family-centered care!

Earlier this year, construction began on a new Labor Delivery, Recovery and Postpartum (LDRP) unit at the Naval hospital dedicated to providing Family-Centered care to our beneficiaries. The concept is that for a normal admission for childbirth, a patient stays in the same room from admission to discharge from the hospital.

We want our Marines and Sailors to think of the Naval Hospital as being their first choice for receiving care. We are committed to providing the education and support that a family needs when they welcome a new baby into their family. When you think of the Naval Hospital, think of it as THE place where Military Families Begin!

\*From the ICEA Web site <http://www.icea.org/>

## RIGHTS TO PRIVACY...

Continued from page 3

care.

Military Treatment Facilities may not share your personal health care information with outside sources for marketing, health care research, or any other reason without your knowledge and written consent.

Privacy officers are located at every military hospital and serve as beneficiary advocates for privacy issues and will respond to inquiries from TRICARE beneficiaries who may have questions or concerns regarding personal health care information or the new privacy rules. Privacy officers will ensure that private health care information remains accessible to beneficiaries and their providers and protected from unauthorized access.

Beneficiaries who have questions or concerns regarding their privacy rights may contact the hospital's privacy officer, Ensign Brian Hower at 830-2427 for assistance.

A copy of the MHS Notice of Privacy Practices is available on the TRICARE Web site at [www.tricare.osd.mil/hipaa](http://www.tricare.osd.mil/hipaa). Additional information on TRICARE and the HIPAA privacy rules is available at this site.

## Kick the habit and learn to become tobacco free!

The Robert E. Bush Naval Hospital Health Promotions Program offers tobacco cessation classes in the hospital.

Classes are offered at two convenient times of noon and 5:30 p.m.

To sign up, call Health Promotions at 830-2814.

The next set of tobacco cessation classes will start Jan. 7. Call now before it all goes up in smoke!



## Desert Pain Medicine Group Now in Yucca Valley

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Ask your doctor about Desert Pain Medicine Group

Michael Clark, PA  
Kathy J. Rabago, PA



# Life Saving Training Pays Off for Corpsman

By Dan Barber, Public Affairs Officer  
Robert E. Bush Naval Hospital

The call for help came from a knocking on a barracks wall at 5:30 in the morning when Petty Officer 2<sup>nd</sup> Class Kimberly White spontaneously delivered a two-pound two-ounce baby girl two months early in her barracks room.

Not being able to get to a telephone, she decided to call for help from her barracks neighbor by knocking on the wall and calling out for her help.

Answering that call was Petty Officer 3<sup>rd</sup> Class Janis M. Brandes, of the hospital's Patient Administration Department. "I heard somebody screaming and pounding on the wall next door. I tried to go back to sleep. Then I heard more screaming and more pounding. I suddenly remembered that she didn't have a roommate anymore and knowing that MS2 White was pregnant, I had a feeling that she needed my help, so I got up real quick and went to her room," said Brandes. Knowing that she had to get White to the hospital right away, Brandes knocked on the door of Hospitalman Gregory Hogue of the hospital's Laboratory Department. She instructed him to call 911 for help.

"When I got to White this real tiny baby was already out. At first, I honestly thought the baby did not make it, but I saw the baby's arm move so I grabbed a towel, scooped the baby up and started stimulating her," said Brandes. "I knew that the cord must be cut, so I got a string and found a pair of scissors and clamped off the cord, but just then the ambulance arrived and I didn't have to cut it," she added.

Brandes, a Hospital Corpsman, spent 30 days on-the-job-training in the hospital's Labor and Delivery Department. "That training experience was put to good use," said Brandes.

White is a Mess Management Specialist in the hospital's Food Services Department. Her baby, Leanna Hope was transferred to Loma Linda University Medical Center in good condition. "Everyone said that she will be fine thanks to the help of Brandes and Hogue," said White.

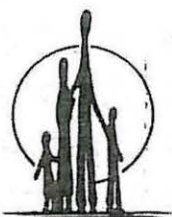
The baby could remain at Loma Linda for up to 3 months or until she picks up some weight.



Referring to Brandes, left, and Hogue, right, during a hospital visit, "They are my heroes," said White. "They are responsible for saving my baby's life."



Judy Moore  
Yucca Valley resident  
& Community Services Director  
at HI-Desert Medical Center's  
Helen Gray Education Center



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